



MUSCOGEE (CREEK) NATION

Social Services

Janice Hanun- Manager

Release of Information from the US Social Security Administration to the Creek Nation Social Services

USE THIS FORM IF YOU RECEIVE INCOME FROM THE SSA

Participant: _____

Address: _____

City/State/Zip: _____

I consent to allow the Muscogee Creek Nation Social Services to request and obtain income information from the US Social Security Administration. The income information obtained is for the purpose of verifying my eligibility and benefits under the MCN's Social Services programs. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

THIS CONSENT FORM EXPIRES 6 MONTHS AFTER SIGNED.

Signature of Head of Household	Social Security Number	Date
Signature of Other Household Member	Social Security Number	Date
Signature of Other Household Member	Social Security Number	Date
Signature of Other Household Member	Social Security Number	Date

CASEWORKER _____

PO Box 580, Okmulgee, OK 74447 - 1-800-482-1979 - Fax 756-0286